Midwifery and Obstetrics - August 2025

Figure 1 NHS Lanarkshire Logo

Figure 2 NHS Tayside Logo

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General resources/news

Scottish Government (Scotland, 2025) **Maternity pathway and schedule of care: clinical guidance and schedule** (Last Accessed 24/07/2025)

NICE updated their guideline for **Guidelines Intrapartum care** (Last Accessed 24/07/2025)

The Kings Fund (2025) **Can NHS digitalisation improve women's health?** (Last Accessed 04/03/2025)

HIS (Scotland 2025) **First maternity unit inspection report** (Last Accessed 20/07/2025)

NHS Research Scotland Reproductive Health and Childbirth Website (Last Accessed 24/7/25)

Research articles (With abstract)

1. AlKhunaizi, A. N., Alhamidi, S. A., Al-Otaibi, A. G., AlAbdullah, A. A., Alosaif, K. S., & Zayer, M. J. A. (2025). **Exploring healthcare providers' perspectives of childbirth education classes for quality of care and positive childbirth experience: an interpretative phenomenological analysis study**. *BMC Pregnancy and Childbirth*, *25*(1), Article 570.

Pregnancy is a significant transitional life experience that can be one of the most stressful experiences in life. Childbirth education is designed to improve health behaviors and offers information on psychological and physical changes that occur in pregnancy, signs that labor has begun, hospital routines and what to expect, how to manage pain through non-pharmacological strategies, the first hours of a newborn's life, and the benefits of breastfeeding. Healthcare providers play an essential role in this education. To discover how healthcare providers view childbirth education classes, we explored their perceptions in relation to the quality of care and positive childbirth experiences. An interpretative phenomenological qualitative approach was conducted in three government hospitals in the Eastern Province of Saudi Arabia. Data collection involved conducting semi-structured interviews with 15 participants. The sample consisted of physicians, nurses, and educators, ensuring a diverse range of perspectives. An interpretative phenomenological analysis was conducted for data analysis. One core category (Road to a Pleasant and Safe Journey) with three themes (Mother's Experience, Obstacles, and Struggles of Healthcare Providers, and Solutions & Suggestions) emerged from the data analysis. The study findings indicate that childbirth education programs boost maternal health and facilitate a more positive delivery experience. Receiving childbirth education about natural and instinctive childbirth was necessary for low-risk mothers to experience a positive childbirth experience. The education also enabled mothers to feel in control during pregnancy, birth, and postpartum.

2. Baril, S., Marion, A., & Abenhaim, H. A. (2025). **Obstetric outcomes in women with vulvodynia and vaginismus: a systematic review**. *Archives of Gynecology and Obstetrics*, *311*(1), 1–11.

Vulvodynia and vaginismus are pain disorders associated with adverse pregnancy outcomes. The few published studies addressing this topic were limited in terms of the different outcomes studied; hence, the purpose of our study was to perform the first systematic review examining maternal, neonatal and obstetric outcomes in patients with vulvodynia and/or vaginismus (VV). Methods We conducted a systematic review searching PubMed, EMBASE, Cochrane Library and SCOPUS until November 2023 for observational studies reporting maternal and/or neonatal outcomes of VV in pregnancy. Data on maternal characteristics and obstetric outcomes were independently extracted from the included studies by two reviewers and then summarized between those with and without VV. Results The search strategy yielded 1118 citations, of which 10 were included. A total of 2209 patients with a diagnosis of VV prior to pregnancy were identified over a 27-year study period. Compared with women without VV, women with VV were more likely to deliver by cesarean sect. (40.3 vs 29.8%, $p < 0.001$). Cesarean sections were more likely elective (41.0 vs 35.7%) and performed in response to maternal request (26.0 vs 9.5%) for women with VV. Of those who delivered vaginally, instrumental deliveries were more common among women with VV (16.7 vs 6.2%, $p < 0.001$), with more perineal injuries as well (43.0 vs 32.7% $p < 0.001$). Conclusion Vaginismus/vulvodynia are high-risk conditions during pregnancy with increased rates of cesarean sections performed for elective reasons and upon maternal request. Offering support, education, and treatment for these conditions prior to pregnancy is important to reduce the rate of avoidable cesarean sections.

3. Barrett, V., Evans, K., & Spiby, H. (2025). **Antenatal and intrapartum interventions to prevent psychological birth trauma: A mixed methods systematic review**. *Midwifery*, *148*, Article 104473.

To systematically identify interventions that have been delivered to women in the antenatal or intrapartum period to prevent or reduce psychological trauma post childbirth. A systematic search strategy was conducted across databases including MEDLINE, AMED, EMBASE, CINAHL, PsycINFO, and Maternity Infant Care from inception to July 2024. Methodological quality of studies was assessed using recognised frameworks. Eleven studies involving 871 women met the inclusion criteria. Interventions included psychological and psycho-educational interventions, cognitive behavioural therapy, antenatal education and continuous intrapartum supportive care. Multi-component interventions delivered in the antenatal period may be effective in preventing or reducing psychological trauma post childbirth in women with histories of traumatic life events. However, further research is required to identify the most effective and acceptable components of an intervention delivered to women in the antenatal or intrapartum period.

4. Chauncy, C., Dawson, K., & Bayes, S. (2025). **What do safety and risk mean to women who choose to birth at home? A systematic review**. *Midwifery*, *144*, Article 104340.

Despite clear evidence to support the safety and efficacy of homebirth, the concept challenges the almost universal belief that hospital is the safest place to give birth. Homebirth remains largely unsupported around the world due to prevailing beliefs and constructs surrounding risk and safety. Despite barriers to access, women continue to choose home as a place to birth. A systematic review of qualitative research was conducted to explore and understand women's views on what constitutes risk and safety in labour and birth for those who choose to birth at home. All studies were evaluated for quality and relevance. Reflexive thematic analysis was used to identify themes. Analysis of the 29 papers included in this review identified three main themes: risk of hospital birth, risk of homebirth, and safety of homebirth, and convey that women who choose to birth at home view their social, emotional, psychological and spiritual safety as highly important, with homebirth protecting and respecting these factors. For the women in the studies we reviewed, physical safety was enhanced through having the expertise of a midwife present at their birth. Participants considered the cultural paradigm within hospital services to focus on care for the physical body and not the whole person, which had the potential to cause psychological and physical harm. This review demonstrated that women who choose to birth at home assess risk and safety differently to the way health care institutions assess these parameters.

5. Callander, E. J., Enticott, J., Mol, B. W., Thangaratinam, S., Gamble, J., Robson, S., & Teede, H. (2025). **Maternal and Neonatal Outcomes and Health System Costs in Standard Public Maternity Care Compared to Private Obstetric-Led Care: A Population-Level Matched Cohort Study**. *BJOG : An International Journal of Obstetrics and Gynaecology*.

We aimed to compare health outcomes and costs in standard public maternity care compared to private obstetric-led maternity care. Observational study with linked administrative data. Australian maternity care. 867 334 births, covering all births in three states of Australia between 2016 and 2019. Standard public care involved mainly fragmented midwifery, obstetric and General Practitioner provider care, with birth in a public hospital. Private obstetric-led care was led by a personally selected obstetrician, with midwifery involvement and birth in a private hospital. We analysed outcomes from pregnancy onset to 4 weeks post-birth. Matching was utilised to account for demographic, socio-economic and clinical characteristics. Stillbirths or neonatal deaths; neonatal intensive care admissions; APGAR score < 7 at 5 min; 3rd or 4th degree perineal tears; maternal haemorrhages; mean cost per pregnancy episode.

Higher adverse outcomes in standard public maternity care compared to private obstetric-led care, including 778 more stillbirths or neonatal deaths (OR 2.0, 95% CI: 1.8-2.1), 2747 more APGAR score < 7 at 5 min (OR 2.0, 95% CI: 2.0-2.1), 3273 more 3rd or 4th degree perineal tears (OR 2.9, 95% CI: 2.7-3.1) and 10 627 additional maternal haemorrhages (OR 2.7, 95% CI: 2.6-2.8). Mode of birth correlated with neonatal death. Mean cost to all funders in Australian dollars per pregnancy episode was $5929 higher in standard public maternity care. We have shown significantly lower adverse health outcomes and costs in private obstetric-led care compared to standard public maternity care.

6. Dağlı, E., Reyhan, F. A., & Kırca, A. Ş. (2025). **Effectiveness of training for student midwives with jigsaw technique on respectful maternity care: A randomized controlled experimental study**. *Nurse Education in Practice*, *85*, Article 104381.

This study aims to fill this gap by evaluating the impact of Jigsaw learning on midwifery students' knowledge, practice and motivation in RMC training. While cooperative learning techniques have been explored in health education, their application in midwifery education—specifically in training student midwives in Respectful Maternity Care (RMC)—remains underexplored. It is a randomized controlled experimental study. It was conducted between October 10, 2023 – January 5, 2024 with midwifery department students of a state university. The research was conducted according to CONSORT guidelines. The implementation phase of the study includes the announcement of the student groups (Jigsaw and control group), the study of the Jigsaw groups, RMC training, pre-test and post-test data collection. A significant difference was found between the post-test mean scores of the Jigsaw and control groups ($p < .05$) and the participants in the Jigsaw group had significantly higher "RMC" Knowledge and Application Scale, Motivation Scale for Teaching Material and Academic Motivation Scale mean scores than the students in the control group. It was determined that the Jigsaw technique was an effective teaching method in increasing the RMC knowledge and practice levels of midwifery students. It was also determined that the motivation and academic motivation scores of the students in the Jigsaw group regarding the teaching material were higher than the scores of the students in the traditional teaching group and that the students found this technique quite effective. •Jigsaw technique is effective in increasing midwifery students' RMC knowledge and application levels.•Jigsaw technique increases students' motivation regarding the teaching material.•Jigsaw technique increases students' academic motivation

7. Esan, O. B., Adjei, N. K., Saberian, S., Christianson, L., Mazlan, A., Khalaf, R. K. S., Towolawi, O. Y., McHale, P., Pennington, A., Geary, R. S., & Ayorinde, A. (2025). **Systematic review of interventions to reduce ethnic health inequalities in maternal and perinatal health in the UK**. *BMJ Public Health*, *3*(2), e001476.

There are persistent ethnic health inequalities in maternal, neonatal and infant health outcomes in the UK. We sought to examine the available evidence on interventions to reduce ethnic health inequalities in maternal, neonatal and infant outcomes during pregnancy and up to the first year of the postnatal period.MethodWe conducted a systematic review searching MEDLINE, CINAHL, PsycINFO, Scopus and Web of Science (Social Science Index) databases, Journal of Health Visiting, Google Scholar and grey literature from relevant websites (from inception up to 11 August 2023). Interventions were mapped to a priori conceptual framework consisting of six levels (patient, provider, microsystem, organisation, community and policy). The 'template for intervention description and replication' checklist was used for intervention description. Results across studies were narratively synthesised and reported following the 'synthesis without meta-analysis' guidelines.The electronic search identified 11 600 studies, with 16 studies describing eight types of interventions meeting the inclusion criteria. Studies were published between 1981 and 2022, predominantly in England (n=14), with a range of outcomes reported, including mode of delivery, place of birth, birth weight, stillbirth and preterm birth. The sample size varied from 21 to 20 651 participants with ethnic minority populations ranging from 18.9% to 100% of the study population. Studies mapped mainly to the patient level with policy least represented (14 and two, respectively). All studies described the reasons for the intervention with limited reporting on any modification during the study (n=2). Two studies with two types of interventions (early pre-eclampsia screening and midwifery continuity of care) demonstrated the potential for interventions to reduce ethnic health inequalities. This review highlights the paucity of evaluated interventions to tackle ethnic health inequalities in maternal, neonatal/infant outcomes. Mapping interventions to the conceptual framework provides the evidence base for national policy interventions to tackle these long-protracted inequities.

8. García-Valdés, L., Al Wattar, B. H., García-Valdés, M., & Amezcua-Prieto, C. (2025). **Quality of clinical practice guidelines on the COVID-19 management in pregnancy during the pandemic: a systematic review**. *European Journal of Public Health*, *35*(3), 423–433.

The Coronavirus Disease 2019 (COVID-19) pandemic disrupted maternity care, highlighting the need for rapid, high-quality clinical practice guidelines (CPGs) to ensure safe care for pregnant women. We assessed the quality and recommendations of CPGs related to COVID-19 in pregnancy. Following prospective registration (PROSPERO number: CRD42022346031) we searched Medline, Web of Science, and UpToDate from inception until July 2024. The methodological quality was appraised using the Appraisal of Guidelines for Research and Evaluation II (AGREE II). A total of 27 CPGs were included. High scores were achieved in scope and purpose (21/27, 78%) and clarity (17/27, 63%). The most poorly addressed domains were rigour of development and applicability to clinical practice (18/27, 67% and 19/27, 70% scored low quality, respectively)

Overall, only four (15%) guidelines were recommended. Most CPGs (25/27, 93%) addressed COVID-19 screening and transmission prevention, but few covered psychological care (3/27, 11%) or maternal delivery preferences (4/21, 19%). Consensus was found on timing and mode of delivery (16/17, 94%), but there was disagreement on delayed cord clamping and virus transmission interventions. Evidence-based practice requires health care providers, patients and stakeholders to be aware of variations in both the quality and recommendations of CPGs, especially during times of uncertainty.

9. Genç Koyucu, R., Ketenci Gencer, F., & Bilici, S. R. (2025). **Effects of manual perineal protection and pushing techniques used in the second stage of labor on perineal outcomes: a randomized controlled trial of combinations of strategies**. *BMC Pregnancy and Childbirth*, *25*(1), Article 671.

Manual perineal protection and pushing techniques can impact the incidence of perineal trauma. Limited data exist on the impact of combinations of management strategies employed during the second stage of labor on perineal outcomes. The objective of this study was to evaluate the combined impact of interventional and relatively more spontaneous techniques employed during the second stage of labor on perineal outcomes. This randomized controlled study was carried out in the maternity clinic of a state hospital. Low-risk, term nulliparous women with vertex presentation upon admission to the delivery unit were included in the study. The participants in the study were randomly assigned to either the hands-on perineal protection and directed pushing group or the hands-poised perineal protection and coached pushing group at the onset of the second stage of labor. The frequencies of episiotomy and perineal injury were the primary outcomes of the study. The secondary outcomes included maternal satisfaction, breastfeeding, Apgar scores, perineal muscle function and perineal pain scores, and the amount of postpartum hemorrhage. The frequency of episiotomy was significantly lower in the hands-poised-undirected pushing group than in the hands-on-coached pushing group (RR: 0.65, 95% CI: 0.44-0.98, P = 0.04). The frequency of first-degree perineal injury was significantly greater in the hands-poised - undirected pushing group than in the hands-on-directed pushing group (RR: 2.04, 95% CI: 1.06-3.90, P = 0.02). The frequencies of second-degree and higher perineal injuries were similar between the groups. No significant differences were observed between the groups in terms of secondary outcomes. Second-stage management strategies with fewer interventions can be used to reduce the frequency of episiotomy. Both hands-on directed pushing and hands-poised undirected pushing combinations for second-stage management exhibit similar frequencies of intact perineum

10. Giaxi, P., Vivilaki, V., Sarella, A., Harizopoulou, V., & Gourounti, K. (2025). **Artificial Intelligence and Machine Learning: An Updated Systematic Review of Their Role in Obstetrics and Midwifery**. Curēus (Palo Alto, CA), 17(3), e80394.

Artificial intelligence (AI) and machine learning (ML) are rapidly evolving technologies with significant implications in obstetrics and midwifery. This systematic review aims to evaluate the latest advancements in AI and ML applications in obstetrics and midwifery. A search was conducted in three electronic databases (PubMed, Scopus, and Web of Science) for studies published between January 1, 2022, and February 20, 2025, using keywords related to AI, ML, obstetrics, and midwifery. The review adhered to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for updated systematic reviews. Studies were selected based on their focus on AI/ML applications in obstetrics and midwifery, while non-English publications and review studies were excluded. The review included 64 studies, highlighting significant advancements in AI and ML applications across various domains in obstetrics and midwifery. Findings indicate that AI and ML models and systems achieved high accuracy in areas, such as assisted reproduction, diagnosis (e.g., 3D/4D ultrasound and MRI), pregnancy risk assessment (e.g., preeclampsia, gestational diabetes, preterm birth), fetal monitoring, mode of birth, and perinatal outcomes (e.g., mortality rates, postpartum hemorrhage, hypertensive disorders, neonatal respiratory distress). AI and ML have significant potential in transforming obstetric and midwifery care. The great number of studies reporting significant improvements suggests that the widespread adoption of AI and ML in these fields is imminent. Interdisciplinary collaboration between clinicians, data scientists, and policymakers will be crucial in shaping the future of maternal and neonatal healthcare.

11. Hargreaves, S., Ayton, J., Young, S., & Hansen, E. (2025). **Young mothers' experiences of maternity care: A synthesis of qualitative research.** *Midwifery*, *143*, Article 104305.

Young mothers aged 15–24 years old may experience judgement and stigmatisation and therefore mistrust healthcare professionals during their maternity care. To meet the needs of young and teenage mothers' health services require evidence to improve their service provision and health outcomes.•Young mothers'/women's experiences are positive when they experience trusting relationships, non-judgmental attitudes and respectful maternity care with their service providers. There is limited access to services for those young mothers/women who live in rural and remote areas.•There is minimal evidence on the lived experiences of young mothers living in rural and remote communities of high-income countries. This study makes a considerable contribution and has led to a deeper understanding of the experiences young mothers have had in relation to their experiences of maternity care. Maternal health services require robust evidence to inform service provision and improve the health outcomes of mothers and their babies. Young mothers have consistently reported feeling unsupported and facing systematic barriers to accessing maternity care. Our aim was to synthesise the published evidence about how young mothers (aged between 15 and 24 years) living in regional, rural, and remote areas in high income countries experience accessing and receiving maternity health care. This qualitative evidence synthesis used a meta-aggregative approach to systematically synthesize published articles between 1970 and 2022

Electronic databases searches of CINAHL, SCOPUS, ProQuest, EMBASE, PUBMED and Google Scholar identified 4120 articles. Of these 14 were included in this review. Three final themes were synthesised: Relationships, Access and use of services and Social context. Limited data exists for regional, rural, and remote contexts. Young mothers face many challenges during their maternity care journey. Identifying the young person's social and cultural care needs and building positive relationships with care providers will improve their experiences.

12. Jomeen, J., Guy, F., Marsden, J., Clarke, M., Darby, J., Landry, A., & Jefford, E. (2025). **A scoping review of effective health practices for the treatment of birth trauma**. *Midwifery*, *145*, Article 104382.

There is currently no consensus on the most effective health practices to manage or reduce the effects of birth trauma (BT) and childbirth-related posttraumatic stress disorder (CB-PTSD). The aim was to map the current literature on effective health practices for BT/CB-PTSD, identify key elements (the what, when and how) important for effective health practices, and highlight gaps in maternity care. A systematic search was conducted across key nursing, allied, and medical databases (MEDLINE, Scopus, PubMed) for key terms related to (1) birth trauma and (2) intervention. Only peer-reviewed, English-language papers published since 2000 were included to ensure the relevance and timeliness of the findings. Following PRISMA-ScR guidelines, 6,347 articles were identified through databases/registers and citation searching. After removing 1,342 duplicates, 5,005 were screened by title and abstract. A further 4,544 were excluded, leaving 461 for full-text screening. Afterf excluding another 433, 28 papers met inclusion for this review. The first session delivered early (within the first 72 h of birth) by a clinician (midwife/psychologist/counsellor) significantly reduced BT/CB-PTSD in the short-term. Both trauma-focused and non-trauma-focused were supported at this stage, provided they were structured. If intervention is delayed (weeks to months post-birth), a trauma-focused, multi-session approach is recommended. Early, structured interventions should be considered routine care for women with BT/CB-PTSD, with more intensive, structured, trauma-focused approach for persistent symptoms. The potential role of digital mental health tools is promising, particularly for women in low-resource settings, but requires further research to evaluate feasibility, acceptability, and sustainability.

13. Landeiro, F., Silva, M., Moura, C. V. e, Martins, C., Miller, P., Ferraz, S., de Azevedo, A. P., Gancho, S., Rocha, L., Patrício, R., & Nunes, I. (2025). **Human-centered design and maternity care: is this a possible interplay?—a systematic review.** *BMC Pregnancy and Childbirth*, *25*(1), Article 261.

This paper argues that putting women at the center of care requires the right balance between adequate clinical care and human-centered design (HCD) approaches. Enhancing their experience during the maternity journey would make it possible to address societal challenges and effectively achieve the humanization of maternity care. Thus, the aim is to investigate the interplay between human-centered design and maternity care through a literature review.

MEDLINE (Pubmed), CINAHL (EBSCO), Web of Science, and Scopus databases were searched, and twenty-one papers were selected as primary studies according to predefined inclusion criteria and as per agreement of the authors, either from design/social sciences or clinical backgrounds. Studies from eight countries targeting prenatal, childbirth, and/or postnatal care were reviewed, including healthcare professionals and pregnant women as participants. A systematic approach was followed for the papers, and specific attention was paid to socioeconomic and racial issues. The last phase included prototype testing, which involved digital resources development. Creating solutions for the mainstay problems throughout HCD is a helpful tool in surpassing systems' problems and disadvantages, allowing for identifying and accurately targeting healthcare system gaps and maternity care opportunities to achieve a positive and humanized journey

14. Medway, P., Hutchinson, A. M., & Sweet, L. (2025). **'Great in theory': Women's care experiences in relation to Australia's national maternity Strategy—Qualitative survey responses**. *PloS One*, *20*(4), e0319249.

The provision of woman-centred maternity care in Australia is guided by a national Strategy released in November 2019 titled Woman-centred care: Strategic directions for Australian maternity services (the Strategy). The Strategy upholds four values (safety, respect, choice, and access) that underpin twelve principles of woman-centred care. To examine the maternity care experiences of women in Australia and explore how these align with the stated values and principles of the Strategy. A national online survey was undertaken between February and June 2023. Women who received all their maternity care in Australia since 1 January 2020 were invited to participate. The survey consisted of predominantly closed questions; however, six open-text questions were included to give participants the opportunity to provide in-depth responses about the Strategy and its values. This paper presents a qualitative content analysis of the free-text responses. A completed survey was submitted by 1750 eligible participants, of whom 1667 provided 3562 qualitative responses included in this analysis. These showed that while the definition of safety provided in the Strategy favours physically safe care, the survey participants preferred a definition that was more holistic, providing for emotional and psychological safety. Participants expressed the need for respectful relationships with their maternity care providers where they felt listened to and heard. They wanted to be made aware of their choices and to have their maternity care decisions supported without coercion. Participants also desired access to continuity of care, particularly with midwives, and greater access to mental health support across the maternity care episode.

15. Ngwenya, M. W., Muthelo, L., Rasweswe, M. M., & Mothiba, T. M. (2025**). Leveraging of digital triage to enhance access in obstetric emergencies in the maternity units: A scoping review of digital triage interventions in healthcare.** *Digital Health*, *11*, 20552076241302003.

Pregnancy and childbirth are supposed to give a new beautiful meaning to life and it is a time of enormous delight and anticipation for both the women and their families. In these times, not only a baby is born, but a mother is born. However, inaccessibility and

delays in obstetric care remain a common concern, particularly in low- and middle-income countries. Digital health technologies are being implemented to improve healthcare access worldwide, but there is a lack of documented data on available digital triage interventions. This article sought to examine and critique existing digital triage interventions in the healthcare system with reference to obstetrics. Adopting a scoping review approach, using the five iterative steps proposed by Arksey and O'Malley, approximately 17 studies retrieved from databases like PubMed, Elsevier, EBSCohost, and Google Scholar scholar were reviewed. Only the literature from 2014-2024 was included. The review revealed that there are various types of digital triage interventions. However, they are flooded with weaknesses and threats among of which are diagnosis inaccuracy, insufficient information, and shortage of resources. The study recommends that strengths, weaknesses, opportunities, and threats should not be overlooked, particularly when aiming to leverage digital health to improve access to emergency care in maternity units through digital triage. However, they should serve as a reference for the development of optimal digital triage systems for maternity and emergency units. Furthermore, the findings should also be a benchmark for digital triaging improvement strategies in the healthcare context

16. O'Shea, L., Corbally, M., & Daly, D. (2025). **Maternity care professionals' preparedness for and experiences of screening and responding to disclosures of domestic violence in the peripartum period: A protocol for a qualitative evidence synthesis**. *PloS One*, *20*(7), e0303407.

Maternity care professionals, such as midwives, public health nurses, doctors, and social workers, are in the unique position of having regular contact with women in the peripartum period. They are well-placed to recognise and respond to disclosures of domestic violence, however many lack confidence and feel unprepared for this in practice. While there are screening tools used for enquiry about domestic violence in pregnancy, there are variations in the tools used, the frequency and timing of enquiry, and the response/referral pathways across professions. Research exists on the role of health care professionals such as midwives, doctors, and nurses with regards to domestic violence, however little is understood about the collective and shared experience of maternity care professionals who screen for and respond to domestic violence in the peripartum period. A qualitative evidence synthesis of maternity care professionals' preparedness for and experiences of screening and responding to disclosures of domestic violence in the peripartum period will be conducted. Qualitative studies of any design, and mixed method and other design studies where qualitative data can be extracted will be considered for inclusion. A systematic search of the following electronic bibliographic databases will be conducted: ASSIA, CINAHL, EMBASE, Maternity and Infant Care, MEDLINE, APA PsycINFO and SocINDEX. The Critical Skills Appraisal Programme (CASP) qualitative studies tool will be used to assess methodological quality of included studies. Data synthesis will involve three sequential stages, coding, development of descriptive themes and generation of analytical themes. Confidence in findings will be assessed using the Grading of Recommendations Assessment, Development and Evaluation-Confidence in the Evidence from Reviews of Qualitative research (GRADE-CERQual) tool. This QES will provide a deeper understanding of maternity care professionals' preparedness for and

experiences of screening and responding to domestic violence disclosures in the peripartum period. The findings will, potentially, identify what aspects of education and preparedness work well and what might be improved.

17. Reyes-Amargant, Z., Roqueta-Vall-Llosera, M., Garre-Olmo, J., Ballester-Ferrando, D., Rascón-Hernán, C., & Fuentes-Pumarola, C. (2025). **Prevalence of mistreatment in maternity care: a population-based comprehensive multi-indicator approach.** *Midwifery*, *148*, Article 104493.

Obstetric literature lacks clarity on what constitutes Mistreatment in Maternity Care (MMC). This includes dehumanized care, excessive interventions, and medicalization of a natural process. To estimate the prevalence of MMC by developing multiple-source indicators and to determine their relationship with sociodemographic and childbirth characteristics. Observational and cross-sectional multicentric study with 978 participants contacted by consecutive recruitment. Obstetric practices were collected from self-administered questionnaires and the available information registered in clinical records. 9 MMC indicators (MMCi) were developed according to evidence-based practice. 847 women accepted to participate (87.9 % participation). The prevalence of MMCi was 4.3 % (95 % CI = 3.1 –6.1) for instrumental delivery or caesarean unregistered in clinical records or performed with non-evidence-based clinical indication (UNREG/N-EB), and 48.1 % (95 % CI = 45.1– 52.2) for perception of inadequate attention. Six indicators were above 40 % (induction without a written consent, amniotomy performed as routine, lithotomy during pushing, suffering mother-baby separation, no maternal position choice during labor and delivery, or to drink freely). Private facilities were associated with the use of UNREG/N-EB practices. Childbirth characteristics showed differential associations with MMCi. This study highlights the gap between recommended standards for respectful childbirth care and actual clinical practices. Addressing MMC requires a comprehensive approach that includes both clinical data and women's perceptions, along with the enforcement of good clinical practice policies. Future research should focus on intersectional factors and reducing disparities to ensure equitable, high-quality care for all women.

18. Sasidharan, H., Bhatt, A., & Mishra, M. (2025). **Pregnancy and weight gain: a scoping review of women's perceptions and experiences with stigma**. *BMC Pregnancy and Childbirth*, *25*(1), Article 541.

Weight stigma can impact any woman who considers herself as overweight, regardless of BMI. Pregnant women are at risk of experiencing stigma related to weight which harm their physical and mental health. To support and guide on healthy weight gain during pregnancy, it is important to explore women's perceptions and experiences of weight related stigma. This can inform programs and policies to improve maternal andchild health outcomes. A scoping review on this issue will provide valuable insights, identify gaps in current research, and establish a foundation for informed interventions. A search syntax was created to retrieve the relevant results from PubMed and Google Scholar. A scoping review was undertaken of published peer reviewed research indexed in these databases, which were written in English, and focused only on primary studies. The methodology for this scoping review was based on the framework proposed by

Arksey and O'Malley (2005) and the subsequent recommendations provided by Levac et al. (2010). From a total of 3109 articles identified using search terms, 85 articles were included for review. There are four themes in this scoping review: pregnant women's perceptions and experience with healthcare givers; pregnant women's experience with family and friends; pregnant women's experience with other members of society; and pregnant women's experience with the media. Weight stigmatization can hinder the communication between healthcare providers and women leading to misunderstanding and compromising the quality of care. This can prevent women from seeking necessary care. Stigmatizing behavior of friends, family and the perpetuation of stigma in the media influences how women perceive their pregnancy weight gain, intensifies feelings of shame, isolation and negatively impacts women's mental well-being and body image during pregnancy. This scoping review examines the perceptions and experiences of weight stigma among pregnant women, focusing on their interactions with healthcare providers, family and friends, other members of society and stigma perpetuated by the media. The review gives an insight into how weight stigma can heighten women's stress and also leads to the avoidance of essential medical care, which affect the health of both the mother and the child. Addressing stigma from various sources is crucial for the general well-being and health of both women and children

19. Scott, R. G. B., & Poat, A. (2025). **An exploration into the experiences of newly qualified midwives during their transition to practice in the UK: A systematic review.** *Midwifery*, *143*, Article 104307.

Newly qualified midwives experience challenges during the transition to practice.•Some newly qualified midwifes lack supernumerary time and structured rotations.•A lack of support from colleagues increases stress and anxiety.•Structured preceptorship and support improve the transition experience. The aim of this systematic review was to explore the experiences of newly qualified midwives (NQMs) during their transition to practice in the UK. It has been recognised that the transition from student to NQM is a time of significant change that has implications for staff recruitment and retention. Thus, the rationale for this review was that understanding the experiences of NQMs at this crucial time in their career is essential for developing systems of support to improve maternity care and no previous reviews were found on this topic based in the UK. A systematic search was conducted using the SPIDER – sample, phenomenon of interest, design, evaluation, research type – search strategy. Studies were critically appraised using the Consolidated Criteria for Reporting Qualitative Research Checklist and the Critical Appraisal Skills Programme Qualitative Studies Checklist. Relevant findings were extracted using thematic analysis in which text was coded, descriptive themes developed, and analytical themes generated. The search returned eleven qualifying qualitative studies and findings were synthesised into four analytical themes – a journey of confidence; in at the deep end: varying support; the rollercoaster of transition; and the disparity between expectations and reality.

NQMs experienced various challenges during the transition to practice such as lack of supernumerary time and unstructured rotations which were exacerbated by poor staffing and a heavy workload. A lack of support from colleagues and experiences of bullying increased stress and anxiety. However, structured preceptorship and support from midwifery colleagues facilitated a more positive experience

20. Sharma, A., Huddy, V., & Williamson, E. (2025). **South Asian women's experiences of maternity care in the United Kingdom: A systematic review and thematic synthesis**. *British Journal of Health Psychology*, *30*(3), e70001.

Previous research has often grouped ethnic minority women as a homogenous group. Therefore, differences between ethnicities may not be sufficiently explored. Many SA women underutilize antenatal support offered by maternity services and are at an increased risk of adverse pregnancy outcomes, compared with White women. Therefore, this systematic review aimed to explore SA women and birthing people's experiences of maternity care in the UK. Three databases were searched for published peer-reviewed qualitative studies. The Critical Appraisal Skills Programme checklist for qualitative research was used to appraise the quality of included articles.

Thomas and Harden's (BMC Medical Research Methodology, 2008, 8, 45) approach for thematic synthesis informed qualitative synthesis. Twelve articles met the inclusion criteria. Four themes were developed '(in)ability to express maternity needs', 'uncompassionate relationships with maternity healthcare professionals', 'integrating maternity care with cultural identity', and 'family being a part of maternity care'. This was an original review using a comprehensive search strategy with transparent reporting. Most SA women perceived difficulties with expressing maternity needs. Relational experiences with maternity care professionals were perceived as uncompassionate, discriminatory, and with varied sensitivity to their cultural identity. SA women viewed their maternity care to incorporate family. Research implications included an urgent need to increase the quality of ethical qualitative research focused on SA women/birthing people. Clinical implications included maternity healthcare professionals and systems to improve the relational experience with SA women/birthing people.

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